Fill in this information to i	dentify your case:							
Debtor 1 Andrea Wilson								
First Name Debtor 2	Middle Name	Last Name						
(Spouse, if filing) First Name	Middle Name	Last Name						
United States Bankruptcy Court	for the: Eastern District ofN	lew York						
Case number17-72848				Check if	this is:			
(II KIIOWII)			An amended filing					
					plement showing post-petition er 13 income as of the following date:			
Official Form B 6	I				D/YYYY			
	Your Income							
					12/13	<b>-</b>		
supplying correct informati If you are separated and yo	on. If you are married and not fili ur spouse is not filing with you, o On the top of any additional pag	ng jointly, and yo	our spouse formation	e is living with about your sp	or 2), both are equally responsible for you, include information about your spouse. If more space is needed, attach a known). Answer every question.	ouse.		
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse			
If you have more than on attach a separate page w information about addition employers.	ith Employment status	Employed Not employ	/ed		Employed Not employed			
Include part-time, season self-employed work.	al, or	Nurse			construction			
Occupation may Include sor homemaker, if it applie		Nurse			Constituction			
	Employer's name	Martin Heal	th Syste	m 				
	Employer's address							
		Number Street			Number Street			
					Port St Lucie, FL			
		City	State 2	ZIP Code	City State ZIP Code			
	How long employed the	re? 2 years	<u>-</u>		1			
Part 2: Give Details	About Monthly Income							
Estimate monthly incom spouse unless you are se	•	n. If you have noth	ing to repo	ort for any line, v	vrite \$0 in the space. Include your non-filing	g		
If you or your non-filing sp	pouse have more than one employe space, attach a separate sheet to the		ormation fo	or all employers	for that person on the lines			
				For Debtor 1	For Debtor 2 or non-filing spouse			
List monthly gross wages, salary, and commissions (before all payro deductions). If not paid monthly, calculate what the monthly wage would			2. \$	3.500.00	\$ 2.500.00			
3. Estimate and list mont	nly overtime pay.		3. <b>+</b> \$	0.00	+ \$			
4. Calculate gross income	e. Add line 2 + line 3.		4. \$	3,500.00	\$ 2,500.00			

Official Form B 6I Schedule I: Your Income page 1

Debtor 1 Andrea Wilson Case number (if known) 17-72848

Case number (if known) 17-72848

			For Debtor 1		ebtor 2 or ing spouse	
Copy line 4 here		<b>→</b> 4.	\$ 3,500.00	\$	2,500.00	
5. List all payroll deductions:						
5a. Tax, Medicare, and Soci	al Security deductions	5a.	s 900.00	\$	950.00	
5b. Mandatory contribution	•	5b.	\$ \$			
5c. Voluntary contributions	•	5c.	\$			
5d. Required repayments of	•	5d.	\$			
5e. Insurance		5e.	\$			
5f. Domestic support oblig	ations	5f.	\$	\$ \$		
-			\$	\$		
5g. Union dues	fy:	5g. 5h.				
			- 4	+ \$	050.00	
6. Add the payroll deductions.	Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$ .	6.	\$ 900.00	. \$	950.00	
7. Calculate total monthly take	e-home pay. Subtract line 6 from line 4.	7.	\$_2,400.00	. \$	1,550.00	
8. List all other income regular	ly received:					
profession, or farm	property and from operating a business,					
	ch property and business showing gross cessary business expenses, and the total	8a.	\$	. \$		
8b. Interest and dividends		8b.	\$	\$		
8c. Family support paymen regularly receive	ts that you, a non-filing spouse, or a depende	ent	<b>-</b>			
Include alimony, spousal settlement, and property	support, child support, maintenance, divorce settlement.	8c.	\$	. \$		
8d. Unemployment compen	sation	8d.	\$	. \$		
8e. Social Security		8e.	\$	. \$		
8f. Other government assis	stance that you regularly receive					
that you receive, such as Nutrition Assistance Prog	and the value (if known) of any non-cash assistan food stamps (benefits under the Supplemental ram) or housing subsidies.	nce 8f.	\$	. \$		
, ,						
8g. Pension or retirement in	ncome	8g.	\$	. \$		
8h. Other monthly income.	Specify:	8h.	+\$	+\$		
9. Add all other income. Add li	nes 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_2,400.00	\$	1,550.00	
10. <b>Calculate monthly income.</b> A Add the entries in line 10 for D	dd line 7 + line 9. ebtor 1 and Debtor 2 or non-filing spouse.	10.	\$_2,400.00	+ \$	1,500.00	\$ 3,900.00
11 State all other regular contri	butions to the expenses that you list in Sche	dule	·			<u> </u>
•	unmarried partner, members of your household,			ommates, a	nd	
Do not include any amounts al	ready included in lines 2-10 or amounts that are	not a	vailable to pay expe	nses listed i	in Schedule J.	
Specify:					11.	+ \$0.00
12. Add the amount in the last c	olumn of line 10 to the amount in line 11. The	e resul	t is the combined m	onthly incon	ne.	2,000,00
Write that amount on the Sum	mary of Schedules and Statistical Summary of C	Certain	Liabilities and Rela	ted Data, if	it applies 12.	\$ 3,900.00  Combined monthly income
13. Do you expect an increase of No.	or decrease within the year after you file this	form?	?			ontiny moonle
Yes. Explain:						